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NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N4819

(7)

1. Corporation Name (7)					
LAKESIDE OAKS HOME OWNERS ASSOCIATION, INC.					
				L CORTAGO DEL ALGORI LACAR FUELO ERLAL ALGORI ALGORI GLACA.	ALCER ALLER GLOUE CHARLES
Ditable of Disa		A de litte a de de la como			Dieli etek etek etek etek izet
Principal Plac	e of Business	Mailing Address			
36450 SHADY OAKS DRIVE 36450 SHADY OAKS DRIVE DADE CITY FL 33525 8544 DADE CITY FL 33525			3. Date Incorporated or Qualified	•	
DADE CITY FL 33525-8544 US		DADE CITY FL 33525 US		04/02/1992	····
				4. FEI Number	Applied For Not Applicable
2. Principal P	Place of Business	2a. Mailing Address		NOT APPLICABLE	\$8.75 Additional
21 3643		26 36451 Olion	nder Care	5. Certificate of Status Desired	Fee Required
Suite, Apt.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
		City P. State		Trust Fund Contribution	Added to Fees
		louda	7. Is this nonprofit corporation a homeowners a	No	
Zip 24 3 3 5 2 5	Country	Zip /	Country J.	8. This corporation owes or has pald the curre	
24 27242	9. Name and Address of Current		0 4.4.	Personal Property Tax due June 30.	Yes No
81 Name V			V1 V 0 /	1 40.1	
HORN, CLARENCE				Address (P.O. Box Number Is Not Acceptable)	
38450 SHADY OAKS DRIVE DADE CITY FL 33525-8544			83 3 <i>6</i>	451 Oleander Tone	
UNDL U	11112 00020 0044		84 City ./		leg Zin Codo
			1 1 79	ade CityFL	3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
1 1/ 1/ 1/00					
agent. I a	1/		da Statutes.	9/1/00	
agent. I a SIGNATURE	Vera Johnso	h		7///98	
Ī	1/	hy and title if applicable (NOTE: F		required when reinstailing) ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent	hy and title if applicable (NOTE: F	Registered Agent signature 13. 1.1 TITLE	required when reinstailing) ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12
SIGNATURE . 12. TITLE NAME	Signature, typed or printed name of registrored agent OFFICERS AND D HORN, CLARENCE	n and title if applicable (NOTE: F	Registered Agent signature 13. 1,1 TITLE 1.2 NAME	required when reinstailing) ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

MATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

3/1/98(352) 567-7923

FILED

Mar 10 1998 8:00am

Secretary of State